



LEAD TRAINER RECOGNITION FORM LPF-5

Louisiana Department of Environmental Quality
OES - Air Permits Division - Manufacturing Section
P.O. Box 4313 - Baton Rouge, LA 70821-4313
Phone (225) 219-3025 FAX (225) 219-3156

For LDEQ Use Only
AI No.
Expires:
Check No.
Amt Received: \$
Processed Date:

Fees: In State: \$50 Out of State: \$75

Applicable Year: _____

Training Provider No. _____

I. Trainer Information: (please print)

Name:	State DL or ID No.	State of ID issuance:
Address:	Phone No. ()	Fax No. ()
City:	State:	Zip:

II. Trainer Organization Information:

Name:	Phone No. ()
Address:	Fax No. ()
City:	State: Zip:

III. Include Certificates for Latest Lead Course Attended.

IV. Qualifications for INITIAL Trainer Recognition: *Attach copies of documents showing education, training, or experience as required by LAC 33:III.2805.B. Requirements include the following: (a) at least two years of experience, education, or training in teaching adults; or (b) a bachelor's or graduated degree in building construction technology, science, engineering, industrial hygiene, safety, public health, education, business administration, or program management; or (c) two years experience in managing a program specializing in environmental hazards; and (d) at least one year of experience, education, or training in the construction industry, including lead or asbestos abatement, painting, carpentry, renovation, remodeling, occupational safety and health, or industrial hygiene.

V. Please check off the type of course(s) you are requesting lead trainer recognition. Accreditation number must be included.

Discipline	Initial	Refresher	Accreditation Number	Years of Lead-Related Work in each discipline (if applying for first time)
Worker	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisor	<input type="checkbox"/>	<input type="checkbox"/>		
Inspector	<input type="checkbox"/>	<input type="checkbox"/>		
Risk Assessor	<input type="checkbox"/>	<input type="checkbox"/>		
Project Designer	<input type="checkbox"/>	<input type="checkbox"/>		

VI. RENEWAL for Trainer Recognition Only: Previous Trainer Provider No. _____

VII. Statements of Regulation Knowledge and Acknowledgement for Public Records:

(a) I hereby certify that this application, accompanying documents, and information provided is true and accurate in accordance with La. R.S. 30:2025.F(2)(a), any person who willfully or knowingly makes any false statement, representation, or certification in any form, application, record, label, manifest, report, plan, or other document filed or required to be maintained under this Subtitle are subject to penalties with conviction of civil and criminal actions as outlined in this regulation.

(b) I understand that the lead training classes I teach must include the most current and applicable Louisiana specific regulations and forms and that my recognition is effective for one year as stated in LAC 33:III.2805.

(c) I acknowledge that the information I have provided on or with this form is to be kept in the public records maintained by LDEQ. I also acknowledge that the information will be available for public inspection and copying, and I waive any claim to privacy in this information.

Applicant's Signature: _____

Date: _____